

**Texas
Juvenile
Justice
Department**



Annual Review of **TREATMENT
EFFECTIVENESS** **2012**

**Report Completed
December 31, 2012**

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Annual Review of **TREATMENT EFFECTIVENESS**



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EXECUTIVE SUMMARY

The Texas Juvenile Justice Department (TJJD) was created as a new state agency on December 1, 2011, pursuant to Senate Bill 653 passed by the 82nd Texas Legislature. Simultaneous to the creation of TJJD, the legislation abolished the two previous juvenile justice agencies in Texas, the Texas Juvenile Probation Commission (TJPC) and the Texas Youth Commission (TYC) and transferred all functions, duties, and responsibilities of these former agencies to TJJD. As such, TJJD is required by the Texas Human Resource Code to issue an annual report addressing the effectiveness of its programs for the rehabilitation and reestablishment in society of youth committed to its care. The report must review gender-specific treatment for female offenders and the sexual behavior, capital and serious violent offender, alcohol and other drug, and mental health treatment programs.

While the law requires TJJD to examine five specific areas of programming, the success of youth who leave TJJD is influenced by more than their participation in any one program. Therefore, in addition to traditional recidivism measures, the 2012 report includes outcomes related to other programming youth received under the agency's general rehabilitative strategy, CoNEXTions.

Youth Characteristics

Although the number of new admissions to TJJD decreased from 960 in FY 2011 to 860 in FY 2012, these newly admitted youth show an increase in risk assessment scores, specialized treatment needs, and prior violent behaviors, and a decrease in academic achievement. In fact, 96% of youth admitted in FY 2012 had at least one specialized treatment need, as compared to 93% in FY 2011.

In a review of FY 2012 admissions, TJJD found that youth from counties committing 50 or more youth had the highest percentage of youth with a need for violent behavior treatment (58% of their total commitments) and/or alcohol and other drug treatment (83%). Counties committing fewer than 10 youth had the highest percentages of youth with a need for sexual behavior treatment (17%) and/or mental health treatment (52%).

As counties have increasingly diverted youth from state-operated facilities, the percentage of youth that are designated as high risk to reoffend within the TJJD system has tripled since 2006. Analysis shows that high risk youth are more than two times as likely as low risk youth to be rearrested for a felony or misdemeanor, more than three times as likely to be rearrested for a violent offense, and more than seven times as likely to be reincarcerated within six months after release to parole or discharge from the agency.

To address the continuing changes in the characteristics of its population, TJJD created new programs and modified existing programs for youth with serious aggressive and assaultive behaviors. These programs were designed to promote safety and security and optimize campus culture while providing effective treatment for youth.

Outcomes

Outcome data is provided for youth who received specialized treatment programs, educational services, and general rehabilitation programming. Outcomes are measured by rearrest and reincarceration rates as well as changes in the youths' risk/protective factors.

The report analyzes a sample of 1760 youth who entered TJJD facilities on or after February 1, 2009, and exited these facilities on

or before January 1, 2012. Youth in the analysis were tracked for six months after release to determine if they were rearrested for a felony or misdemeanor offense, rearrested for a violent offense, or reincarcerated. Recidivism data is reported utilizing predicted vs. actual rates.

Major Findings

- Youth treated and released under the CoNEXTions strategy (FY 2010 through FY 2012), recidivated at rates lower than expected on all three measures of recidivism and significantly lower than youth treated and released from 2006 to 2009.
- Within the sample group of 1760, 1090 youth (63%) successfully completed all rehabilitation goals prior to reaching their minimum length of stay and thus were released without review by the Release Review Panel. Within this group of 1090, 698 youth (64%) did not recidivate on any of the three measures, and only 76 youth (7%) were reincarcerated.
- While the average daily population of TJJD-operated and contract care facilities has decreased by 42% since FY 2009, TJJD has increased the provision of specialized treatment services by 86% in that same time period. More youth than ever before are receiving specialized treatment services within TJJD. There was a steady increase in specialized treatment enrollments in 2012.
- Youth completing either a high or moderate intensity specialized treatment program show lower than expected recidivism rates within six months after release. Youth completing these programs also show improvement in associated protective factors and reduction in risk factors.
 - 68% of youth who completed the high intensity Mental Health Treatment Program (MHTP) and 64% who completed the moderate intensity MHTP improved their scores for protective factors. Youth who completed these programs were rearrested or reincarcerated at or below the expected rates on all three measures of recidivism. The reduction in the reincarceration rate was statistically significant.
 - Youth who completed the high intensity Sexual Behavior Treatment Program (SBTP) were at or within one percent of their predicted rates on all measures. All youth who completed the moderate intensity SBTP were either at or below the predicted rates for recidivism on all three measures.
 - At six months after release, none of the youth who completed the high intensity Capital and Serious Violent Offender Treatment Program (C&SVOTP) were rearrested or reincarcerated. Youth who completed Aggression Replacement Training® (ART®), which is the moderate intensity C&SVOTP, recidivated at lower than predicted rates on two of the three measures.
 - Of the 400 youth who completed the high intensity Alcohol or Other Drugs Treatment Program (AODTP), only 5% were rearrested for a violent offense, well below the predicted rate of 7%.
- No females who entered both the AODTP and MHTP were rearrested for a violent offense. Female offenders who received mental health treatment alone had no incidents of reincarceration.

- TJJD has shown a steady increase over the past three fiscal years in two key areas: the percentage of youth age 16 and older who achieve a GED or high school diploma within 90 days of release, and the percentage of youth reading at grade level at the time of their release. Youth achieving a diploma or GED recidivated at a rate lower than predicted on all three measures.
- Reentry programs such as Workforce Development, GitRedy Gang Intervention Service, and Functional Family Therapy were effective in reducing the likelihood of recidivism.

Conclusion

The results of the 2012 treatment effectiveness review show that the agency's rehabilitation programs and services are effective in reducing recidivism and enhancing positive youth outcomes upon initial release to the community. The results provide valuable information to assist TJJD in decision-making related to enhancing and improving services and programs. TJJD acknowledges that treatment and rehabilitation occur within the context of a complex system. Youth outcomes reflect not just the effectiveness of treatment programs and interventions but the system as a whole. Necessary adjustments and collaboration will continue in response to the changing needs of the youth committed to the agency. Ongoing evaluation of commitment trends, specialized treatment needs, and rehabilitative programs will ensure that the agency is prepared to respond to the multiple, complex needs of the youth and families it serves.

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TEXAS
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DEPARTMENT

INTRODUCTION

The Texas Juvenile Justice Department (TJJD) is required by state law to issue an annual report on the effectiveness of its programs in rehabilitating and reestablishing in society the youth committed to its care. In compliance with Texas Human Resources Code §242.002, this annual review must address the effectiveness of programming for five specific groups: youth with sexual behavior treatment needs, youth with capital or serious violent offenses, youth who have alcohol or other drug treatment needs, youth with mental health treatment needs, and female youth. The *2012 Annual Review of Treatment Effectiveness* is issued to meet this statutory requirement.

SCOPE OF 2012 REPORT

Although the law requires TJJD to examine five specific areas of programming, the success of youth who leave TJJD is influenced by more than their participation in any one program. Successful youth outcomes are also influenced by educational and vocational services, life skills training, family involvement, and transition planning. To reflect this understanding, the *2012 Annual Review of Treatment Effectiveness* includes outcomes related to other types of programming received under the agency's current general rehabilitative strategy, known as CoNEXTions. Additionally, since many youth have multiple, co-occurring treatment needs, this report examines outcomes for youth who received more than one type of specialized treatment.

To determine the effectiveness of agency programs, two kinds of measures are used in this report. The first and most traditional measure is recidivism. As used in this report, recidivism measures whether a youth has been rearrested or reincarcerated after release

from a residential facility. One limitation of this measure is that it reflects agency programs and culture as they existed some time ago. To allow for a sufficient sample size, this report uses recidivism data for the first six months youth are back in their communities, which means the data reflects agency programming received up to six months prior. However, this report will also highlight several current initiatives in the areas of safety/security and programming that show promise for improving future outcomes.

The second type of measure used in this report focuses on positive youth outcomes. These types of outcomes--attainment of a GED or high school diploma, receipt of college credits, vocational certifications, gains in reading or math achievement, reduction in risk factors, and increase in protective factors--reflect more than just whether or not a person reentered the juvenile or criminal justice system. They measure whether the youth has attained skills and tools that will contribute toward a successful future as a productive member of society.

In last year's report, TJJD was able for the first time to focus on a group of youth who received treatment solely under CoNEXTions. However, this approach resulted in relatively small sample sizes. This year's report analyzes a larger group of 1760 youth who received treatment solely under CoNEXTions. While the current sample size is larger, the analysis requires youth to be subdivided into the various treatment programs based on enrollment. As a result, the sample size continues to be less than optimal to fully evaluate trends and patterns. Limitations in the analysis exist due to the lack of a control group and the fact that there is overlap within the components of the specialized treatment programs and between the general rehabilitation strategy and specialized treatment.

The youth evaluated for the purposes of this report are those who entered TJJD facilities on or after February 1, 2009 and who were released from TJJD facilities on or before January 1, 2012. This sample does not include youth who were transferred directly from a TJJD facility to an adult prison or jail.

REVIEW OF PRIOR FINDINGS

Significant findings from last year's report led to a refocusing of resources, expanded training efforts, and areas of follow-up study for this year's report. Those findings included:

- Youth who received high intensity mental health treatment combined with individual psychological services or alcohol and other drug treatment were less likely to reoffend than youth who participated in only one program.
- Youth who successfully completed high or moderate intensity sexual behavior treatment recidivated at a rate that is lower than expected. Youth who failed to successfully complete moderate intensity sexual behavior treatment recidivated at a rate higher than expected.
- Youth who attended Aggression Replacement Training® demonstrated a significant overall reduction in aggressive behavior while in TJJD facilities. However, recidivism rates had not been positively impacted.
- As measured on TJJD's assessment instrument, youth who increased certain protective factors and decreased certain risk factors were less likely to recidivate than those who did not.

- Several education-related outcomes increased over 2010 levels, such as the number of youth who earned a high school diploma or GED within 90 days after release, the number of youth who were reading at grade level when released, and the per-capita rate of industrial certifications attained by TJJD youth.

FORMAT OF 2012 REPORT

Unlike previous reports, the body of this report will not include detailed discussions of best practices in juvenile justice and how they impact TJJD's programs and services. This year's report will focus on bottom-line data and conclusions. For more detailed information regarding agency programs or supporting data, please refer to the 2010 and 2011 treatment effectiveness reports or contact TJJD directly.

PROMISING INITIATIVES AND INTERVENTIONS

Every youth who enters TJJD is provided opportunities to participate in the general rehabilitation treatment strategy, CoNEXTions. Woven throughout the CoNEXTions philosophy are additional interventions and initiatives that benefit TJJD youth and continue to address their individualized treatment needs. Several of these promising initiatives are highlighted throughout this report.

YOUTH CHARACTERISTICS

TJJD's new admissions declined from 960 in FY 2011 to 860 in FY 2012. Of the FY 2012 new admissions, approximately 62% were between 15 and 17 years of age, 86% have below-average IQ scores, 74% were on probation at the time of commitment, and 64% had a prior out-of-home placement. Median math and reading achievement levels were 5.2 years behind other students in Texas. Thirty-two percent of TJJD youth require special education services, which is more than triple the rate in public schools, which is typically 10%. Forty-eight percent of new commitments had a need for mental health treatment and 96% had a need for specialized treatment. Table 1.1 shows an overview of the characteristics of youth committed to TJJD in FY 2012.

This report focuses on outcomes of youth who entered TJJD facilities on or after February 1, 2009 and who were released from TJJD facilities on or before January 1, 2012. Newly committed youth described in Table 1.1 are not included in this sample. However, the 1760 youth in the sample share the same characteristics. The majority had multiple co-existing risk factors, or characteristics, that often required specialized treatment interventions.

Table 1.1
Profile of TJJD Commitments – FY 2012

Felony Offense	100%
Offense Dates for Felony or Misdemeanor (3 or more)	73%
Adjudications for Felony or Misdemeanor (2 or more)	69%
TJJD Risk Assessment Score	Low 35%
	Moderate 59%
	High 6%
Severity of Committing Offense	Low 39%
	Moderate 41%
	High 20%
Sex – M F	92% 8%
IQ Less than 100	86%
Parent Unmarried, Divorced, Separated, or at least 1 Deceased	86%
On Probation at Commitment	74%
Prior Out-of-Home Placement	64%
Family History of Criminal Involvement	45%
Need for Treatment by a Licensed or Specially Trained Provider	
	Capital or Serious Violent 52%
	Sexual Behavior 13%
	Alcohol or Other Drug 78%
	Mental Health 48%
	Any of the Four 96%
Known Gang Member	49%
Known History of Abuse or Neglect	40%
Special Education Eligible	32%
Median Reading Achievement Behind	5.2 years
Median Math Achievement Behind	5.2 years

RECIDIVISM PREDICTORS

Youth arrive at TJJD facilities with certain characteristics that cannot be changed. These characteristics are also known as “static risk factors.” For example, the age at which a youth had first contact with the juvenile justice system is a strong predictor of his or her likelihood to reoffend.

Pursuant to Human Resources Code §243.002, TJJD developed a risk scoring instrument that identifies youth as low, medium, or high risk to reoffend based on five static risk factors:

- referrals or arrests for a felony or misdemeanor
- referrals or arrests for a felony against a person
- adjudications or convictions for a felony or misdemeanor
- age at commitment
- residential placements prior to commitment

When developing the scoring instrument, TJJD normalized the scale of risk measurement based on the characteristics of its population. Nearly all youth committed to TJJD are considered high risk within the overall juvenile justice continuum.

Although the risk scoring instrument was implemented in February 2009, the instrument was applied retroactively to youth admitted since 2006 for the purpose of this analysis. This allowed the agency to examine the relationship between the risk score and recidivism within six months after release or discharge from a residential program. It also enabled TJJD to examine how the population characteristics have changed over time with respect to the five static factors that predict risk to reoffend. Results show that youth

currently committed to TJJD have increasingly more characteristics associated with a high risk to reoffend than in past years.

TJJD measures recidivism in three ways: rearrest for a felony or misdemeanor, rearrest for a violent misdemeanor or felony offense, and reincarceration. The comparison analysis showed that TJJD’s risk scoring instrument accurately correlates risk with actual recidivism. Youth designated as high risk are more than two times as likely to be rearrested for a felony or misdemeanor, more than three times as likely to be rearrested for a violent offense, and more than seven times as likely to be reincarcerated within six months (Table 1.2) as compared to those assessed as low risk.

Table 1.2

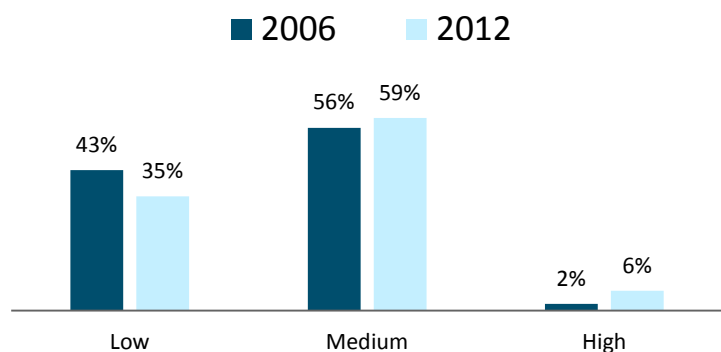
Six-Month Recidivism for Youth Admitted Since 2006

RISK ASSESSMENT SCORE	REARREST FOR A FELONY OR MISDEMEANOR	REARREST FOR A VIOLENT OFFENSE	REINCARCERATION
LOW	26%	4%	4%
MEDIUM	40%	8%	10%
HIGH	59%	13%	28%

Changes in the overall risk to reoffend and changes in the individual factors comprising the risk score for youth admitted to TJJD between 2006 and 2012 are shown in Tables 1.3 to 1.7. As counties have increasingly diverted youth from commitment to TJJD, and because TJJD no longer accepts youth adjudicated for misdemeanor offenses, the percentage of youth that are designated as high risk within the TJJD system has tripled from 2% in 2006 to 6% in 2012. The percentage of low risk youth has been reduced from 43% to 35% during the same time period.

Table 1.3

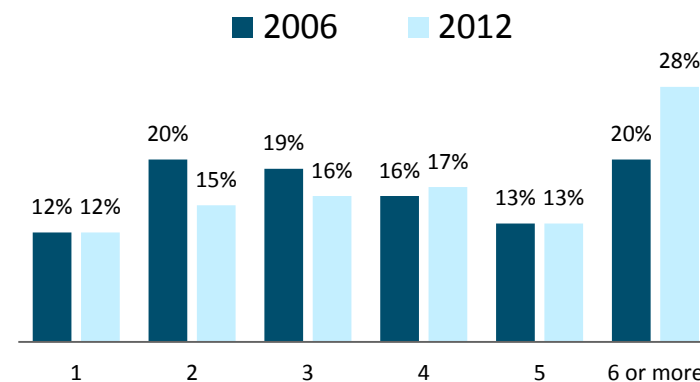
RISK ASSESSMENT SCORE	FISCAL YEAR COMMITTED						
	2006	2007	2008	2009	2010	2011	2012
LOW	43%	42%	40%	38%	36%	39%	35%
MEDIUM	56%	55%	56%	57%	59%	55%	59%
HIGH	2%	3%	4%	5%	5%	5%	6%



The percentage of youth committed to TJJD with six or more prior felony or misdemeanor referrals (the highest risk group) has increased since 2006. The percentage of youth with three or fewer referrals is lower than 2006. Youth with fewer referrals are remaining in the community. While the overall population of TJJD has decreased, the number of chronic offenders (i.e., those with multiple felony and misdemeanor arrests) has increased (Table 1.4).

Table 1.4

FELONY OR MISDEMEANOR REFERRALS OR ARRESTS	FISCAL YEAR COMMITTED						
	2006	2007	2008	2009	2010	2011	2012
1	12%	12%	12%	13%	11%	13%	12%
2	20%	20%	19%	15%	16%	16%	15%
3	19%	21%	19%	17%	16%	17%	16%
4	16%	16%	17%	17%	15%	14%	17%
5	13%	11%	10%	14%	14%	13%	13%
6 or more	20%	20%	23%	23%	29%	26%	28%

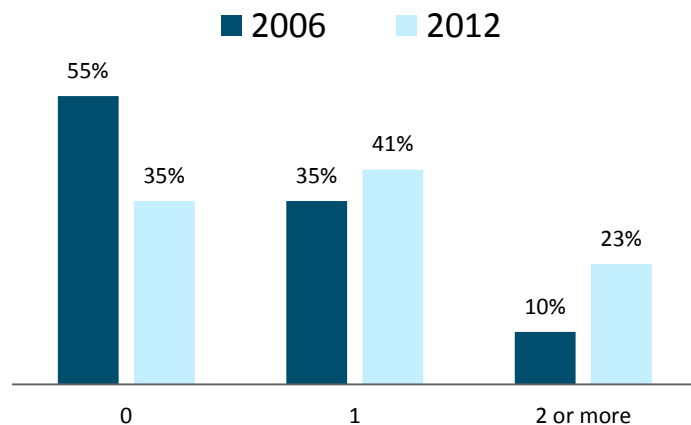


The percentage of youth committed to TJJD with two or more prior referrals or arrests for a felony against a person has more than doubled from 10% in 2006 to 23% in 2012, while the percentage with no referrals or arrests for a felony against a person has decreased from over half (55%) to about one-third (35%) during the same time period (Table 1.5).

Table 1.5

FELONY AGAINST PERSON REFERRALS OR ARRESTS*	FISCAL YEAR COMMITTED						
	2006	2007	2008	2009	2010	2011	2012
0	55%	50%	46%	42%	42%	33%	35%
1	35%	37%	39%	41%	40%	45%	41%
2 or more	10%	13%	14%	17%	18%	22%	23%

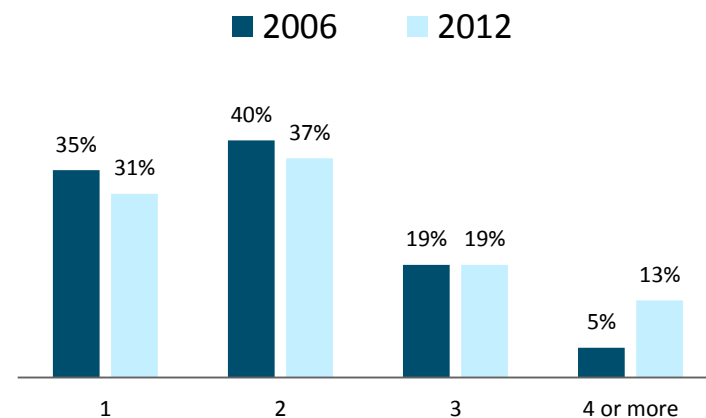
*Includes violent, property, and other offenses against a person



The percentage of youth committed to TJJD with only one prior felony or misdemeanor adjudication or conviction has decreased from 35% in 2006 to 31% in 2012. Nearly 70% have two or more felony or misdemeanor adjudications or convictions. The percentage of youth with four or more felony or misdemeanor adjudications or convictions has more than doubled since 2006 from 5% to 13% (Table 1.6).

Table 1.6

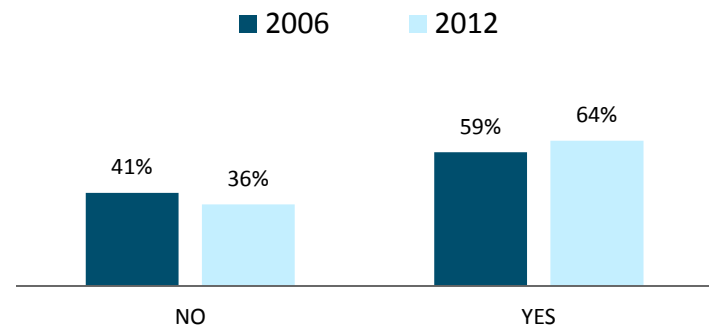
FELONY OR MISDEMEANOR ADJUDICATIONS OR CONVICTIONS	FISCAL YEAR COMMITTED						
	2006	2007	2008	2009	2010	2011	2012
1	35%	34%	34%	33%	29%	31%	31%
2	40%	40%	34%	35%	32%	34%	37%
3	19%	20%	22%	22%	23%	21%	19%
4 or more	5%	6%	10%	11%	15%	13%	13%



The percentage of youth committed to TJJD with a prior residential placement has increased from 59% in 2006 to 64% in 2012 (Table 1.7). Placements may include those in addition to juvenile justice settings, such as placements within psychiatric facilities, alcohol and other drug treatment programs, and child protective services placements.

Table 1.7

PRIOR RESIDENTIAL PLACEMENT	FISCAL YEAR COMMITTED						
	2006	2007	2008	2009	2010	2011	2012
NO	41%	36%	37%	40%	37%	38%	36%
YES	59%	64%	63%	60%	63%	63%	64%

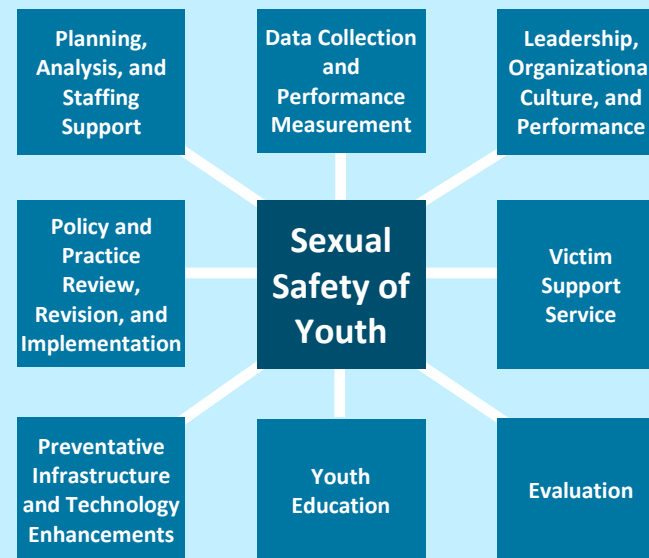


In summary, when comparing the characteristics of youth committed to TJJD between 2006 and 2012, it is apparent that relatively lower-risk juvenile offenders are now supervised and treated within their communities while higher-risk offenders are sent to TJJD. Generally, trends suggest that youth are committed to state-operated facilities only after attempts to maintain them in community settings have failed. Youth who have multiple prior offenses, prior residential placements, and recidivate despite community supervision are at greater risk for a future return to the criminal justice system.

PROMISING INITIATIVES AND INTERVENTIONS

COMPREHENSIVE APPROACH TOWARDS PROMOTING SEXUAL SAFETY FOR YOUTH

On October 1, 2011, TJJD was awarded a two-year Prison Rape Elimination Act (PREA) Demonstration Grant from the Department of Justice and Bureau of Justice Assistance. The grant was awarded to implement the Comprehensive Approach towards Promoting Sexual Safety for Youth (CAPSSY) program in three TJJD secure facilities. The aim of the CAPSSY Project is to develop, implement, and evaluate a series of inter-related strategies (as shown below) designed to create and sustain a sexually safe environment for TJJD youth.



COUNTY COMMITMENT DATA

As TJJD plans for the provision of treatment services, it reviews the needs of youth committed from different counties and areas in Texas. This review process provides information regarding the reasons counties commit youth to TJJD and helps the agency plan program capacities and the types of services to adequately meet the needs of youth.

The five counties that committed the largest number of youth to TJJD in FY 2012, were Harris, Dallas, Tarrant, Bexar, and Hidalgo. These five counties committed the highest proportion of youth with a high or moderate need for violent behavior treatment or alcohol and other drug treatment. For example, Harris County committed the most youth with violent behavior treatment needs (74% of their commitments) and alcohol and other drug treatment needs (85% of their commitments).

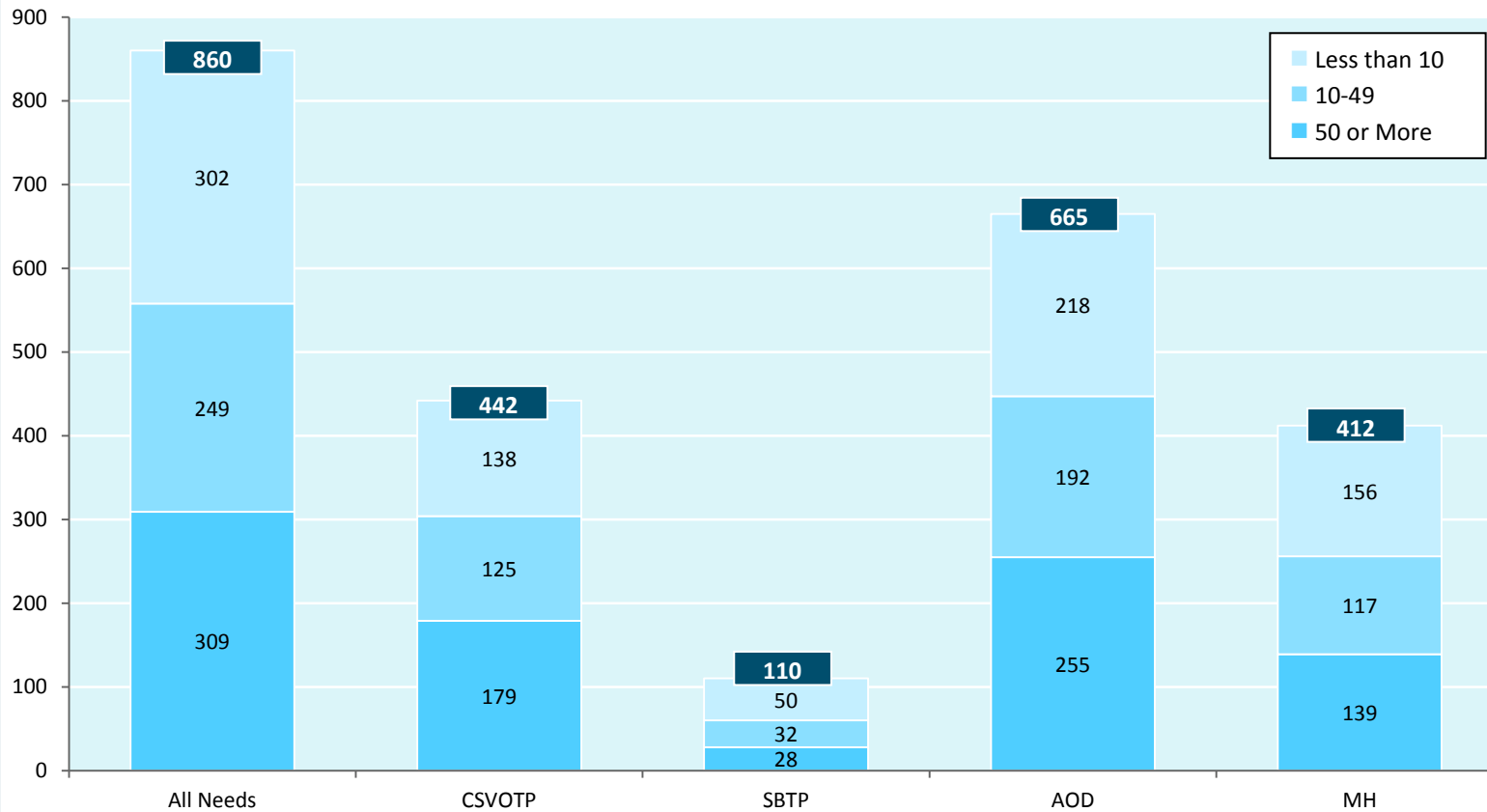
Counties committing less than ten youth had the highest proportion of youth with needs for mental health and sexual behavior treatment. For instance, Collin, Travis, and Montgomery counties were among the top six counties committing youth with a high need for sexual behavior treatment. Counties with the highest proportion of commitments with a moderate need for sexual behavior treatment included McLennan and Milam counties. Bell, Jefferson, and McLennan counties committed the highest proportion of youth with a high need for mental health treatment.

Overall, TJJD found that counties which committed 50 or more youth in FY 2012 had the highest percentage of youth with a need for violent behavior treatment (58% of their total commitments) and/or alcohol and other drug treatment (83%). Counties that committed fewer than 10 youth had the highest percentages of youth with a need for sexual behavior treatment (17%) and/or mental health treatment (52%). In counties that committed between 10-49 youth, the percentages of youth with each treatment need were in proportion to the overall population of youth with that need (Table 1.8).

Table 1.8

2012 New Commitment Treatment Needs

	NEW COMMITMENTS FY 2012		CAPITAL & SERIOUS VIOLENT OFFENDER		SEXUAL BEHAVIOR		ALCOHOL AND OTHER DRUGS		MENTAL HEALTH	
Counties Committing 50 or More	309	36%	179	58%	28	9%	255	83%	139	45%
Counties Committing 10-49	249	29%	125	50%	32	13%	192	77%	117	47%
Counties Committing Less than 10	302	35%	138	46%	50	17%	218	72%	156	52%
Total	860		442	51%	110	13%	665	77%	412	48%



METHODOLOGY

In order to determine the effectiveness of each specialized treatment program, youth in the analysis were tracked for six months after release from a residential program to determine if they were rearrested for any offense, rearrested for a violent offense, or reincarcerated. These actual rates are then compared to predicted rates. The method used to determine the predicted rates is similar to actuarial tables used by the health care industry to identify a person's probability of developing heart disease based on characteristics such as blood pressure, smoking, age, and gender; or by the auto insurance industry to identify a driver's probability of being involved in an accident based on age, prior accidents, marital status, and distance from work. Youth assessed with a need for each specialized treatment program were empirically given a predicted probability of recidivating based on identified characteristics or other variables within that group that correlate with recidivism. This predicted rate was then compared to the actual rate of recidivism for youth completing the treatment after statistically controlling for differences.

OUTCOMES

As discussed in the Youth Characteristics section of this report, youth enter TJJD with static risk factors that cannot be changed. Many of those risk factors are closely associated with recidivism. Fortunately, youth also possess risk factors that *can* be changed. These are referred to as dynamic risk factors. TJJD assesses youth for these factors on an ongoing basis and targets treatment interventions based on identified dynamic risk factors.

Treatment interventions are provided to all youth within the general rehabilitative strategy, known as CoNEXTions. Youth may also participate in specialized treatment programs, as determined by need. Because all youth participate in CoNEXTions, it is important to examine the impact of the general rehabilitative strategy in conjunction with the specialized treatment programs.

Once treatment needs are determined, staff and youth develop a plan for treatment. Youth who do not successfully complete their treatment plans during their assigned minimum length of stay (MLOS) are reviewed by the Release Review Panel. Within the sample group of 1760 youth, 1704 were eligible for review by the Release Review Panel (56 youth had determinate sentences and thus were not eligible for this type of review). Of those 1704 youth, 1090 (63%) successfully completed all rehabilitation goals prior to reaching their MLOS and thus were released without review by the Release Review Panel. Of these 1090 youth who were released without a Panel review, 698 (64%) did not recidivate on any of the three measures, and only 76 (7%) were reincarcerated. Results indicate that youth who successfully complete required programming within their minimum length of stay adjust better upon return to a community setting and are less likely to recidivate.

RECIDIVISM OVER TIME: 2006-2012

In order to examine the effectiveness of the general rehabilitative strategy over time, TJJD compared youth released from residential placements each year between FY 2006 and FY 2012. Multiple regression analysis was used to determine a baseline probability for each of the three measures of recidivism, given the unique characteristics of the youth released in each year. These baseline probabilities were then compared with the actual rates (Table 2.1). The results of these comparisons show that youth released in FY 2012 were rearrested and reincarcerated at lower than predicted rates on all measures of recidivism. Youth released in FY 2008 and FY 2009 had higher than predicted actual recidivism rates. This data was reported in the *2010 Annual Review of Treatment Effectiveness*. Youth released in FY 2008-2009 were primarily treated under the Transitional Treatment Program, which preceded CoNEXTions.

Beginning in FY 2010 and each year thereafter, actual six-month recidivism rates are lower than the rates predicted given the characteristics of the youth released in that year. Youth released during this period of time have been treated under the CoNEXTions rehabilitative strategy. For example: in FY 2006-2007, 34.5% of youth were rearrested for a felony or misdemeanor within six months of release, equal to the expected rate. In FY 2012, the actual rate dropped to 28.7%, compared to the predicted rate of 34.6%.

Table 2.1
Six-Month Recidivism Rates

RELEASE FISCAL YEAR	COUNT	REARRESTED FOR FELONY OR MISDEMEANOR		REARRESTED FOR VIOLENT OFFENSE		REINCARCERATION	
		PREDICTED	ACTUAL	PREDICTED	ACTUAL	PREDICTED	ACTUAL
2006 or 2007	2271	34.5%	34.5%	5.9%	5.9%	7.1%	7.1%
2008	2225	35.2%	35.7%	7.0%	7.2%	8.2%	8.5%
2009	1538	34.9%	36.3%	7.3%	7.9%	9.2%	9.9%
2010	1386	34.8%	34.3%	7.6%	6.4%	9.6%	8.4%
2011	1071	34.7%	33.8%	7.3%	6.1%	9.3%	8.2%
2012*	307	34.6%	28.7%	7.5%	4.9%	9.0%	7.8%

* Released between 9/1/11- 1/1/12

RESIDENTIAL POSITIVE ACHIEVEMENT CHANGE TOOL DATA

Another method of determining overall treatment effectiveness is to examine the changes youth make during the course of treatment. Since February 2009, the agency has used the Residential Positive Achievement Change Tool (RPACT) to assess risk and protective factors. As mentioned earlier, TJJD targets its interventions toward dynamic (i.e., changeable) risk and protective factors, and then measures how they change over time at established intervals. Protective domains measure the extent to which a youth has factors to protect against negative influences associated with reoffending. Risk domains measure factors which increase the risk of recidivism. The instrument has a total of 38 domains upon which change is measured.

TJJD compared the first and the last RPACT assessment of each youth who had at least two recorded assessments. Youth placed in contract programs that did not have multiple RPACTs were excluded from the analysis. For each domain in the RPACT, TJJD empirically determined the effect of changes within that domain on the three recidivism measures. Table 2.2 below compares the actual recidivism rates vs. those empirically predicted to occur had the youth had no changes in their domain scores between admission and release. These results support the foundation of the CoNEXTions philosophy that treatment should be targeted towards reducing the risk factors and increasing the protective factors measured in the domains.

Table 2.2

COUNT	REARRESTED FOR FELONY OR MISDEMEANOR		REARRESTED FOR VIOLENT OFFENSE		REINCARCERATION	
	PREDICTED	ACTUAL	PREDICTED	ACTUAL	PREDICTED	ACTUAL
1547	39.4%	35.4%	8.1%	6.1%	10.3%	8.8%

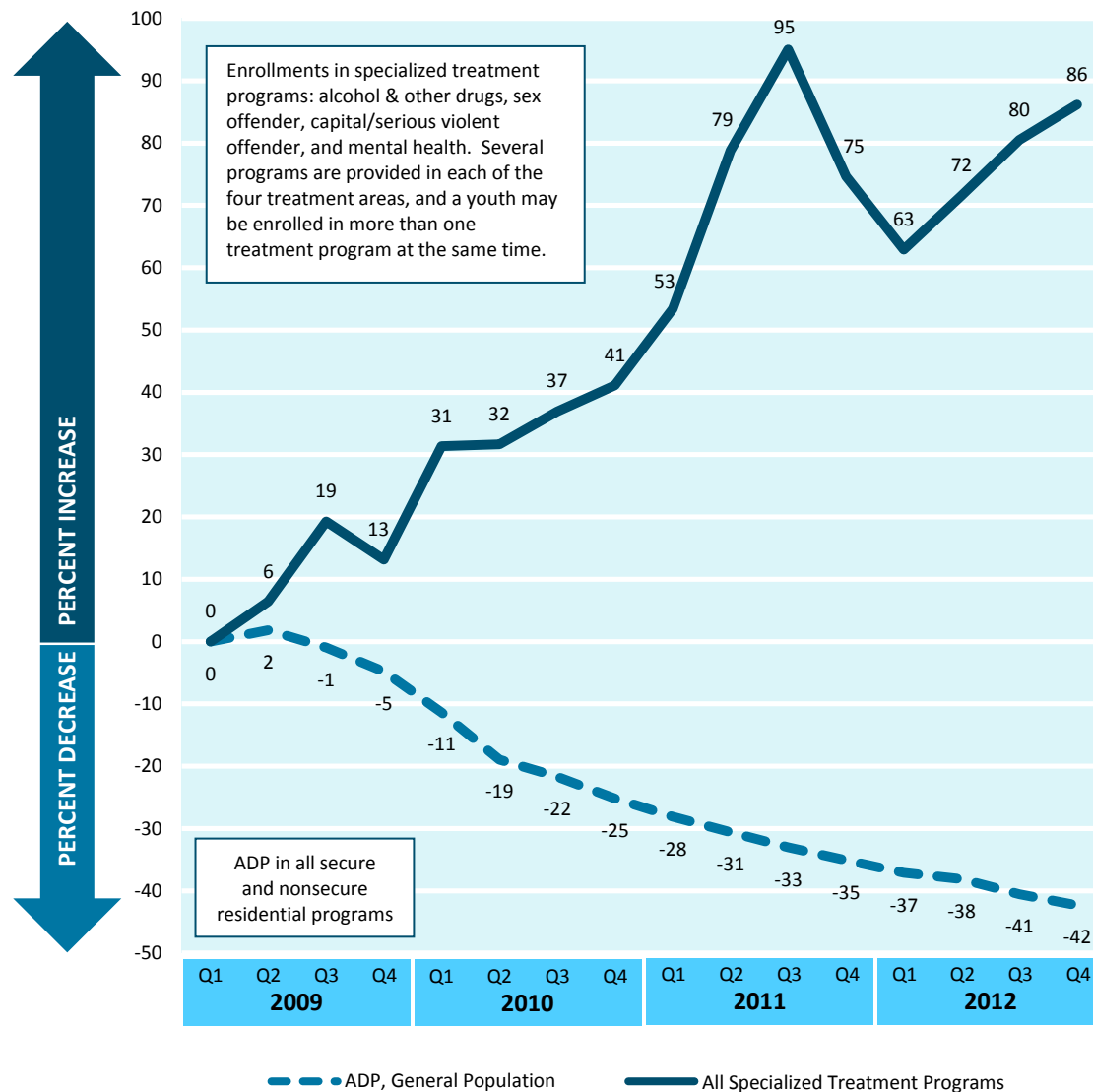
SPECIALIZED TREATMENT

Youth with identified needs for specialized treatment are enrolled in programs specifically designed to address the youth's presenting issues. As shown in the Youth Characteristics section, the overwhelming majority (96%) of youth committed in FY 2012 had at least one specialized treatment need. Table 2.3 shows that the average daily population (ADP) of state-operated programs has decreased by 42% since FY 2009. However, despite the reduced population, TJJD has increased the provision of specialized treatment services by 86% over FY 2009 levels. Thus more youth than ever before receive specialized treatment services within TJJD.

To determine the effectiveness of TJJD's specialized treatment, each of the four specialized treatment programs and the female offender program were analyzed for their impact on the three measures of recidivism. Additionally, each specialized treatment program was analyzed for its impact on related risk and protective domains as measured by the RPACT.

Table 2.3

Percent Increase in Enrollments in Specialized Treatment Programs and Percent Decrease in Residential ADP for FY 2009 – FY 2012, by Quarter



Mental Health Treatment Program

The components of the Mental Health Treatment Program (MHTP) are based on the concepts of CoNEXTions. While programming is similar in structure to the general program at most TJJD facilities, it is modified to reflect the unique individual needs and abilities of the youth. Other specialized treatment services are offered within the high intensity MHTP including trauma resolution groups, sexual behavior treatment, chemical dependency treatment and education, Aggression Replacement Training®, Why Try® (for boys), Seeking Safety, individual counseling to include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), psychiatric assessment, consultation and medication management, psychological assessment, case consultation and monitoring, and mental health support groups. Moderate intensity MHTPs include many of the services listed above with an emphasis on trauma treatment. TF-CBT is an evidence-based practice TJJD has recently expanded. This service is available to youth at all high restriction facilities. TF-CBT teaches the adolescent skills to resolve troubling thoughts, feelings, and behaviors associated with trauma.

Youth who completed either the high or moderate intensity MHTP recidivated below the predicted rate in all three measures. The difference between the actual and predicted reincarceration rate is statistically significant (Table 2.4).

As shown in Table 2.5, protective factors measured on the RPACT domain relating to mental health were significantly improved and the risk factors (Table 2.6) were significantly reduced for youth receiving a high intensity MHTP. The sample size varies from those reported in Table 2.4 due to some youth not having multiple RPACTS. Sixty-eight percent of youth completing the high intensity MHTP and 64% completing the moderate intensity MHTP improved their scores on the protective factor relating to current mental health.

Table 2.4

Six-Month Recidivism Rates

	SAMPLE SIZE	PREDICTED IF NO MHTP	ACTUAL
REARREST-FELONY OR MISDEMEANOR			
Completed High Intensity MHTP	45	32%	27%
Completed Moderate Intensity MHTP	224	36%	36%
REARREST FOR A VIOLENT MISDEMEANOR OR FELONY OFFENSE			
Completed High Intensity MHTP	45	5%	4%
Completed Moderate Intensity MHTP	224	6%	4%
REINCARCERATED			
Completed High Intensity MHTP	45	8%	7%
Completed Moderate Intensity MHTP	224	9%	7%

Table 2.5

Protective Factors

CURRENT MENTAL HEALTH : <u>PROTECTIVE</u>	SAMPLE SIZE	% WHO IMPROVED SCORES
Completed High Intensity MHTP	44	68%
Completed Moderate Intensity MHTP	190	64%

Table 2.6

Risk Factors

CURRENT MENTAL HEALTH: <u>RISK</u>	SAMPLE SIZE	% WHO IMPROVED SCORES
Completed High Intensity MHTP	44	18%
Completed Moderate Intensity MHTP	190	6%

PROMISING INITIATIVES AND INTERVENTIONS

TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY INITIATIVE

Finding effective treatments for incarcerated youth with mental health problems is a critical public health need. Adolescents residing in juvenile correctional facilities have high rates of exposure to traumatic events (e.g., child abuse, domestic violence, community violence) and elevated rates of mental disorders. In September 2011, the Texas Juvenile Justice Department began a partnership on a three-year study with the Texas Institute for Excellence in Mental Health at the University of Texas at Austin. This study is funded by the National Institute of Mental Health focusing on the adaptation of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for juvenile corrections residential populations. The study has three primary aims: (1) to adapt the TF-CBT protocol to increase its transportability into the youth correctional setting; (2) to conduct a feasibility study of this modified TF-CBT; and (3) to identify factors that facilitate or inhibit the effectiveness of TF-CBT within the youth corrections setting. To date, adaptations to the treatment protocol have been identified and an initial pilot study with six youth has begun. Clinical staff have received training in TF-CBT and have been providing the intervention. The grant will allow for strategic decision making around adaptations in consultation with the treatment developer. Treatment staff are receiving on-going coaching, support, and training to ensure they have the resources to implement this promising treatment approach. The Texas Institute for Excellence in Mental Health has hired three research assistants to gather research data at the pilot sites.

The *2011 Annual Review of Treatment Effectiveness* found that youth receiving a combination of mental health and alcohol or other drug treatment demonstrated especially positive results. This year, the same group of youth was examined and results once again indicate that these youth experience positive outcomes related to recidivism. Within the sample population, 130 youth completed both mental health and alcohol or other drug treatment. The data indicate that this group of youth was significantly less likely to be rearrested for a felony or misdemeanor. The predicted rate for this group was 40%, and the actual rate was 32%. This group of youth was predicted to be rearrested for a violent offense at a rate of 8%; however, the actual rate was only 5%. These outcome data support that youth often need more than one service and demonstrate significant benefits when offered the services.

While TJJD continually strives to serve youth in the least restrictive setting and shortest amount of time, research consistently supports the need to provide treatment at the appropriate intensity level, dosage, and duration to maximize outcomes.

Sexual Behavior Treatment Program

The TJJD Sexual Behavior Treatment Programs (SBTP) are designed to address treatment objectives set forth by the Council on Sex Offender Treatment. All programs are delivered by appropriately licensed professionals and supervised by a Licensed Sex Offender Treatment Provider (LSOTP).

Youth completing the high intensity SBTP recidivated at approximately the predicted rate (within 1%) for each of three measures. Youth completing the moderate intensity SBTP were either below or even with the predicted rates for recidivism for all three areas (Table 2.7).

Table 2.7

Six-Month Recidivism Rates

	SAMPLE SIZE	PREDICTED IF NO SBTP	ACTUAL
REARREST FOR A FELONY OR MISDEMEANOR			
Completed High Intensity SBTP	57	25%	26%
Completed Moderate Intensity SBTP	57	25%	19%
REARREST FOR A VIOLENT MISDEMEANOR OR FELONY OFFENSE			
Completed High Intensity SBTP	57	3%	4%
Completed Moderate Intensity SBTP	57	2%	2%
REINCARCERATED			
Completed High Intensity SBTP	57	5%	5%
Completed Moderate Intensity SBTP	57	3%	2%

Youth who completed the high or moderate intensity SBTP showed overall improvements in reducing risk factors and increasing protective factors. Significant improvements were found in their protective abilities to control impulsive behaviors (Table 2.8). Similar reductions were seen in the area of risk related to controlling impulsive behavior (Table 2.9). The ability for youth with sexual behavior problems to reduce their impulsivity and think before they act is a critical factor in reducing the likelihood to reoffend.

Table 2.8

Protective Factors

TECHNIQUES FOR CONTROLLING IMPULSIVE BEHAVIOR: <u>PROTECTIVE</u>	SAMPLE SIZE	% WHO IMPROVED SCORES
Completed High Intensity SBTP	57	82%
Completed Moderate Intensity SBTP	55	87%

Table 2.9

Risk Factors

TECHNIQUES FOR CONTROLLING IMPULSIVE BEHAVIOR: <u>RISK</u>	SAMPLE SIZE	% WHO IMPROVED SCORES
High Intensity SBTP	57	75%
Moderate Intensity SBTP	55	82%

Capital and Serious Violent Offender Treatment Program (C&SVOTP)

The high intensity Capital and Serious Violent Offender Treatment Program (C&SVOTP) is designed to impact emotional, social, behavioral, and cognitive developmental processes. The program integrates cognitive-behavioral, social-learning, and psychodynamic techniques to create an intense therapeutic approach that aims to reduce individual risk factors and to enhance and build upon unique strengths of youth. Youth with a moderate intensity treatment need receive Aggression Replacement Training® (ART®), an evidence-based program for aggressive youth which focuses on teaching pro-social skills, reducing aggressive and impulsive behaviors, and enhancing moral reasoning abilities.

Youth completing either the high or moderate intensity C&SVOTP were rearrested for a violent offense and reincarcerated at a rate below the predicted rate (Table 2.10). Although the sample size is small, a noteworthy finding is that none of the youth released during FY 2012 who completed the high intensity C&SVOTP were rearrested or reincarcerated. The sample size is small due to the relatively longer minimum periods of confinement typically assigned to these youth.

In last year's report, TJJD noted that youth who had completed ART®, which is the moderate intensity program, had fewer referrals and admissions to the security unit while remaining in TJJD facilities, but the data did not yet demonstrate improvements on measures of recidivism. During FY 2012, efforts centered on helping youth maintain and utilize the skills learned in ART® upon transition to a community setting. The results from this year's analysis support these increased efforts. Youth completing ART® were rearrested for a violent offense and reincarcerated at a rate below the predicted rate. This year's data again show that these youth had fewer

referrals and admissions to the security unit while in high restriction facilities. Youth who remained in high restriction facilities for at least 30 days after completing ART® had a 13% reduction in referrals to security and a 12% reduction in admissions to security compared to the 30 days prior to enrolling in ART®.

Table 2.10

Six-Month Recidivism Rates

	SAMPLE SIZE	PREDICTED IF NO SBTP	ACTUAL
REARREST FOR A FELONY OR MISDEMEANOR			
Completed High Intensity C&SVOTP	5	27%	0%
Completed Moderate Intensity C&SVOTP	354	41%	39%
REARREST FOR A VIOLENT MISDEMEANOR OR FELONY OFFENSE			
Completed High Intensity C&SVOTP	5	2%	0%
Completed Moderate Intensity C&SVOTP	354	8%	8%
REINCARCERATED			
Completed High Intensity C&SVOTP	5	5%	0%
Completed Moderate Intensity C&SVOTP	354	10%	10%

Youth receiving high or moderate intensity C&SVOTP showed reductions in risk factors and improvements in protective factors (Tables 2.11 – 2.14). The increase in the protective factor for controlling anger and a corresponding reduction in the same risk factor are statistically significant for this sample. There was also a reduction in the risk factor and an increase in the protective factor related to controlling impulsive behavior for youth enrolled in ART®, although not statistically significant.

PROMISING INITIATIVES AND INTERVENTIONS

AGGRESSION REPLACEMENT TRAINING®

Aggression Replacement Training® (ART®) is a cognitive-behavioral intervention program targeting chronically aggressive children and adolescents. ART® works with adolescents to develop their social skill and moral reasoning ability while teaching youth healthy ways to improve their anger management skills using alternatives to aggressive behavior. ART® uses three components: pro-social skills, anger management, and moral reasoning. Students participate in groups for one hour, three times per week for 10 weeks.

Results from last year's report and this year's report show that youth demonstrated meaningful treatment gains while enrolled in ART® in terms of reduced referrals and admissions to the security unit, reductions in risk factors, and increases in protective factors. Additionally, this year's report shows positive impacts on recidivism for youth who completed this program in two of the three recidivism measures.

Table 2.11

Protective Factors – Impulse Control

TECHNIQUES FOR CONTROLLING IMPULSIVE BEHAVIOR: <u>PROTECTIVE</u>	SAMPLE SIZE	% WHO IMPROVED SCORES
Completed High Intensity C&SVOTP	5	80%
Completed Moderate Intensity C&SVOTP	341	66%

Table 2.12

Risk Factors – Impulse Control

TECHNIQUES FOR CONTROLLING IMPULSIVE BEHAVIOR: <u>RISK</u>	SAMPLE SIZE	% WHO IMPROVED SCORES
Completed High Intensity C&SVOTP	5	100%
Completed Moderate Intensity C&SVOTP	341	58%

Table 2.13

Protective Factors – Aggression

TECHNIQUES FOR CONTROLLING IMPULSIVE BEHAVIOR: <u>PROTECTIVE</u>	SAMPLE SIZE	% WHO IMPROVED SCORES
Completed High Intensity C&SVOTP	5	80%
Completed Moderate Intensity C&SVOTP	341	65%

Table 2.14

Risk Factors – Aggression

TECHNIQUES FOR CONTROLLING IMPULSIVE BEHAVIOR: <u>RISK</u>	SAMPLE SIZE	% WHO IMPROVED SCORES
Completed High Intensity C&SVOTP	5	60%
Completed Moderate Intensity C&SVOTP	341	45%

PROMISING INITIATIVES AND INTERVENTIONS

PHOENIX PROGRAM

The Phoenix Program provides hope and renewal for youth whose severely aggressive behaviors have closed opportunities for success in the past. TJJD's focus on safety and security led to the creation of the Phoenix Program in July 2012.

Research shows that 40% of all assaults and fights resulting in bodily injury in TJJD (against staff and youth combined) are committed by about 4% of youth. This small number of youth has direct and indirect impacts in the agency. It is this specific population of youth for whom the Phoenix Program was created. Individually, each youth's behavior poses a threat to the safety of staff and youth around them. In FY 2012, TJJD had 101 staff injuries resulting from assaults. This represented 16.9% of all staff injuries for the year. Collectively, their behavior diminishes the agency's ability to maintain a therapeutic environment.

This specialized program provides the structure and interventions required to manage this population, resulting in two major benefits. First, it provides enhanced staffing ratios and security measures designed to protect youth and staff who are targets of aggressive behavior. Second, the program employs interventions designed to help youth develop the motivation and skills necessary for controlling their aggressive behavior, which in turn allows progress in other areas of their treatment program.

As the young men in the program gain success, they feel empowered to change their aggressive behavior and improve other aspects of their lives. C. J., who graduated from the program in October 2012 explains, "It works for me. Now I know how to use a thinking report and can complete my [case plan] assignments. I used to cut myself or hit people. I learned through the Anger Control Cycle how to take a time out, use deep breathing, or other coping skills instead. Now I know how to think about risks and consequences. It's the best program I've been to in TJJD."

Alcohol and Other Drug Treatment Program (AODTP)

The Alcohol and Other Drug Treatment Programs (AODTP) are designed to target the specific level of care based on the youth's treatment needs. The high intensity AODTP is designed for youth who have the most significant need. The moderate intensity AODTP is designed to address the needs of youth in a condensed programming schedule. Many of these youth have co-occurring needs for other specialized treatment services. All programs use evidence-based strategies and curriculum and are provided by appropriately licensed clinicians.

Of the 400 youth completing the high intensity AODTP, only 5% were rearrested for a violent offense, well below the predicted rate of 7%. Rates for rearrest for a felony or misdemeanor and reincarceration were at 40% and 10% respectively.

Table 2.15 indicates youth completing a moderate intensity AODTP were rearrested for a violent offense at a lower than predicted rate. Rates for rearrest for a felony or misdemeanor and reincarceration were slightly higher than predicted.

Upon release to parole, youth identified with alcohol or other drug problems have increased requirements for supervision and drug testing, which may contribute to increased reincarceration rates. These youth may be returned to treatment programming in a residential facility if they relapse while under TJJD supervision. Within the AODTP sample, 81 youth received both high and moderate intensity AODTP. These youth showed a 4% rearrest rate for a violent offense, which is markedly below the predicted rate of 7%. Accordingly, this 4% rate is well below the predicted and actual rates of 7% for those youth that did not receive either high or

moderate intensity AODTP. Youth completing both high and moderate intensity AODTP demonstrate a meaningful decrease in actual rearrest rates, indicating a positive correlation between extending treatment and the reduction of delinquent behavior.

Table 2.15

Six-Month Recidivism Rates

	SAMPLE SIZE	PREDICTED IF NO SBTP	ACTUAL
REARREST FOR A FELONY OR MISDEMEANOR			
Completed Both AOD	81	41%	36%
Completed High Intensity AOD	400	39%	40%
Completed Moderate Intensity AOD	427	37%	37%
REARREST FOR A VIOLENT MISDEMEANOR OR FELONY OFFENSE			
Completed Both AOD	81	7%	4%
Completed High Intensity AOD	400	7%	5%
Completed Moderate Intensity AOD	427	7%	6%
REINCARCERATED			
Completed Both AOD	81	11%	15%
Completed High Intensity AOD	400	10%	10%
Completed Moderate Intensity AOD	427	8%	8%

In the RPACT domain for Current Alcohol and Drugs, Tables 2.16 and 2.17 indicate that 87% of youth who completed high intensity had an improvement in the protective factor and 44% improved in the risk factor. Likewise, 72% of youth who completed moderate intensity AODTP showed improvement in the protective factor and 47% improved in the risk factor.

Table 2.16

Protective Factor

ALCOHOL AND OTHER DRUG: <u>PROTECTIVE</u>	SAMPLE SIZE	% WHO IMPROVED SCORES
Completed High Intensity AOD	464	87%
Completed Moderate Intensity AOD	399	72%

Table 2.17

Risk Factor

ALCOHOL AND OTHER DRUG: <u>RISK</u>	SAMPLE SIZE	% WHO IMPROVED SCORES
Completed High Intensity AOD	464	44%
Completed Moderate Intensity AOD	399	47%

Female Offender Program

All general and specialized treatment services have been modified, as necessary, to ensure gender responsiveness. Female offenders have access to all needed specialized treatments, to include: Alcohol or Other Drug, Sexual Behavior Treatment, Capital and Serious Violent Offender Treatment, Trauma Focused-Cognitive Behavioral Therapy, Aggression Replacement Training®, Trauma Resolution groups, Pairing Achievement with Service (PAWS), and Girls Circle. All programs are provided by appropriately licensed clinicians or trained staff. The Girls Circle, an evidence-based program, is a structured support group that focuses discussion on gender-specific topics designed to promote resiliency and self-esteem. The PAWS program uses canines from the local animal shelter to teach empathy and responsibility and supports the community by providing a well-trained dog to a new owner.

Female offenders comprised 148 of the 1760 youth in the sample. Data indicate that female youth continue to recidivate at lower levels than males on all three measures.

These differences in recidivism rates are highly significant for rearrest for a felony or misdemeanor. In this case, females were rearrested for a felony or misdemeanor at a rate of 20.3% while males were rearrested at a rate of 36.8%.

As shown in Table 2.18, females receiving mental health treatment alone had no incidents of reincarceration. None of the females who received both alcohol and other drug and mental health treatment were rearrested for a violent offense.

PROMISING INITIATIVES AND INTERVENTIONS

PAIRING ACHIEVEMENT WITH SERVICE (PAWS)

PAWS is a unique program that uses the natural relationship that comes from the bond between humans and animals living together and being responsible for each other. The PAWS program pairs select TJJD youth with K9 partners for at least 12 weeks. The dogs come from local animal shelters and learn basic commands and improved socialization skills. Youth learn responsibility, patience, and how to care for another living being and benefit from the companionship. All the dogs that become eligible for adoption have achieved or will achieve the American Kennel Club title as a Canine Good Citizen (CGC). Treatment components are incorporated into the case plans and are intertwined in the daily operations of the youth's schedules. During the 12-week program, youth are responsible for their dogs at all times. They must groom, feed, and train their K9. The dogs live on the dorm with their human caretakers.

Table 2.18
Six-Month Recidivism Rates (Female)

ENTERED AOD TREATMENT	ENTERED MENTAL HEALTH TREATMENT	COUNT	REARRESTED FOR FELONY OR MISDEMEANOR	REARRESTED FOR VIOLENT OFFENSE	REINCARCERATION
Yes	Yes	17	35.3%	0.0%	17.6%
	No	48	22.9%	4.2%	6.3%
	Subtotal	65	26.2%	3.1%	9.2%
No	Yes	31	12.9%	6.5%	0.0%
	No	52	17.3%	1.9%	9.6%
	Subtotal	83	15.7%	3.6%	6.0%
Total		148	20.3%	3.4%	7.4%

RELATED PROGRAMS AND SERVICES

TJJD focuses on an integrated approach to treatment and intervention. When reviewing the characteristics of youth committed to TJJD, one can see they present with many different but interrelated needs. These include education, transition and reentry services, and family involvement and support. Although this report focuses primarily on rehabilitation and treatment services, it is important to remember that treatment outcomes are influenced by factors greater than any one program alone. For example, a youth may perform well in the sexual behavior treatment program, but his successful outcome will depend not just on what he learned in a specialized treatment program, but also on variables such as his ability to obtain a high school diploma or GED and find employment. Thoughtful reintegration into the community is also essential and relevant. If youth transition into community environments that do not support treatment gains, the likelihood of maintaining and using treatment skills is diminished. Information on related programs and services is provided in this section.

Educational Program

During FY 2012, the TJJD Education Department placed an emphasis on staff development and instructional delivery, including use of technology to engage students for learning. Campuses also consolidated Response to Intervention (RtI) teams and established consistent protocols that included meeting at least monthly to evaluate student progress and student response to academic interventions.

TJJD maintained its partnership with the Meadows Center for Preventing Educational Risk (MCPER) at the University of Texas to implement a specialized reading program for struggling readers. The agency also collaborated with Texas State University, through its Behavioral Disorders/Positive Behavior Supports Program, to help coach TJJD schools in implementing the agency's Positive Behavioral Interventions and Supports (PBIS) program. Finally, college participation for youth was expanded to halfway houses during FY 2012.

Impact on Recidivism

As shown in Table 2.19, student achievement of a diploma or GED showed statistical significance for reduced chance of rearrest and reincarceration.

Table 2.19

HS DIPLOMA OR GED	N	REARREST FOR VIOLENT OFFENSE		REARREST		REINCARCERATION	
		PREDICTED	ACTUAL	PREDICTED	ACTUAL	PREDICTED	ACTUAL
NO	952	6.8%	6.8%	37.8%	37.8%	8.3%	8.3%
YES	620	5.7%	4.7%	35.7%	30.0%	7.7%	4.5%
ALL	1572	6.4%	6.0%	37.0%	34.7%	8.1%	6.8%

PROMISING INITIATIVES AND INTERVENTIONS

PROJECT-BASED LEARNING

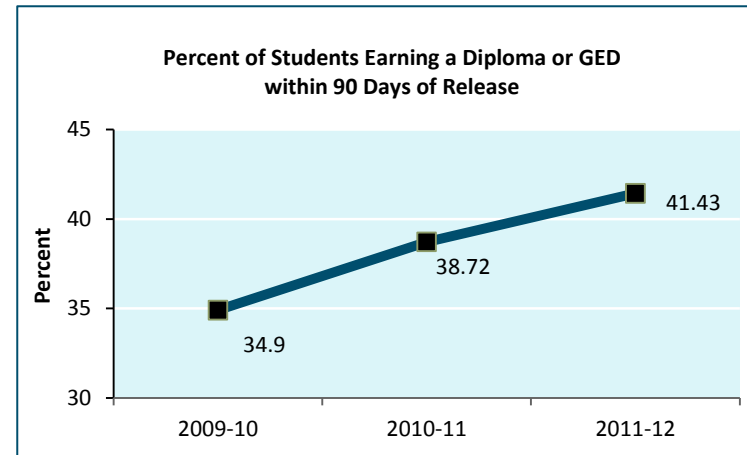
Recently TJJD schools embarked on an initiative that will receive even more emphasis during the 2012-13 school year: Project-Based Learning. For one month during summer 2012, students at all campuses explored how they would develop a restaurant by building it in conjunction with their subject area curriculum. Core classes provided students with an opportunity to create menus, nutrition reports, and geographical maps of food and salary budgets. After youth concentrated on the basics, they went on to develop plans for delivery vehicles, parking lot designs, building construction, landscaping, interior design, business plans, human resources, and even candelabras.

Each campus customized the project. One campus focused on a certain type of restaurant. Students made the menu items and served them at their presentation. Another campus had students create a display of their restaurant on science boards and then created a team of adults to review and highlight the best restaurants. In all, students were able to complete course work in an environment where they could be creative and showcase their talents and interests.

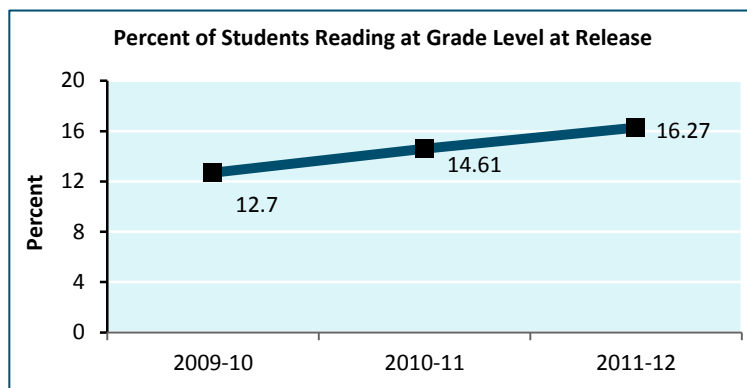
Positive Youth Development

The education measures below reflect performance for FY 2012. Included are four key agency performance measures, a school attendance measure, and a measure for post-secondary success rates in college courses. Data reflect the performance of all students enrolled during the period.

Diploma or GED Rate – 41.43% of youth age 16 or older earned a high school diploma or GED within 90 days of release from a TJJD institution. The percentage increased from 38.72% in FY 2011 and 34.9% in FY 2010.



Reading at Grade Level at Release – 16.27% of youth were reading at grade level at the time of their release. The percentage increased from 14.61% in FY 2011 and 12.7% in FY 2010.



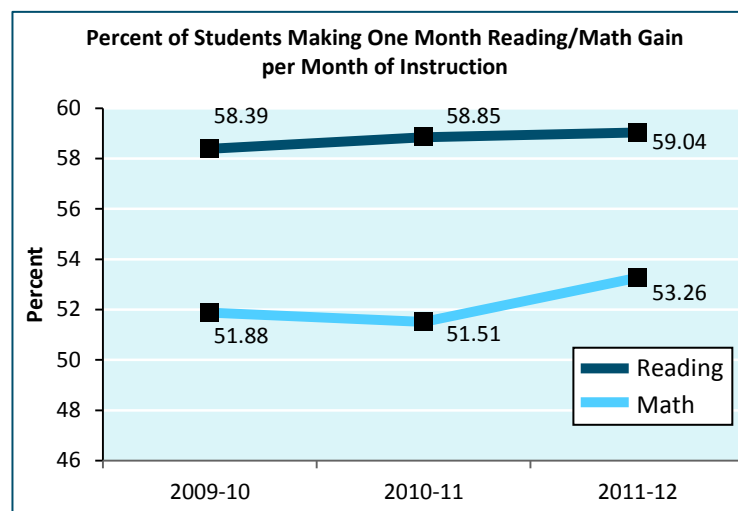
Average Daily Attendance Rate – 97.9% of enrolled youth attended school daily, as measured by protocols approved by the Texas Education Agency for student attendance accounting. The percentage decreased from 98.9% in FY 2011 and 98.6% in FY 2010.

Industrial Certification Rate – During FY 2012, 349 industrial certifications were earned by 1483 youth enrolled in career technology courses. This compares to 704 industrial certifications earned by the 1775 youth enrolled in career technology courses during FY 2011, and 578 industrial certifications earned by 2107 youth enrolled in career technology courses during FY 2010.

College Course Enrollments and Course Completions (Passed) – During the 2011-12 school year, 65 students completed 121 college courses for dual high school credit or straight college credit. During the 2010-11 school year, 89 students completed 133 college courses for dual high school credit or straight college credit.

Reading Gain per Month of Instruction - 59.04% of youth gained at least an average of one month's reading skills per month of instruction. The percentage increased from 58.85% in FY 2011 and 58.39% in FY 2010.

Math Gain per Month of Instruction - 53.26% of youth gained at least an average of one month's math skills per month of instruction. The percentage increased from 51.51% in FY 2011 and 51.88% in FY 2010.



Transition and Reentry

TJJD analyzed services that were provided to at least 75 youth while on parole (youth may be different from those included in the primary sample). These were: workforce development reentry services, GitRedy gang intervention grant services (as described in the *2011 Annual Review of Treatment Effectiveness*), Functional Family Therapy, alcohol and other drug aftercare services, Texas Council on Offenders with Medical and Mental Impairment (TCOOMMI), and electronic monitoring.

Table 2.20 demonstrates the following six-month outcomes related to these transition and reentry services:

- Placing youth into a workforce development reentry program was significant in reducing the likelihood of recidivism, with large reductions in both rearrest for a felony or misdemeanor (38.4% predicted vs. 27.0% actual) and reincarceration (9.3% predicted vs. 3.8% actual). It also reduced, by a lesser amount, the likelihood of rearrest for a violent offense (6.2% predicted vs. 5.9% actual).
- GitRedy gang intervention services were also effective, reducing rearrests for a felony or misdemeanor from a predicted rate of 45.5% to an actual rate of 36.0%, as well as resulting in lower rates in rearrest for a violent offense (11.0% predicted vs. 7.0% actual) and reincarceration (12.3% predicted vs. 9.3% actual).
- Functional Family Therapy showed reductions in all three measures, though not as large as other parole services.
- Alcohol and other drug aftercare services and TCOOMMI had mixed results, with a slight reduction in rearrest for a felony or

Table 2.20

Six-Month Recidivism Rates

	YOUTH ENROLLED	PREDICTED RATE IF NO SERVICE RECEIVED	ACTUAL RATE IF COMPLETED
REARREST-FELONY OR MISDEMEANOR			
AOD Aftercare	399	39.4%	39.3%
TCOOMMI Services	161	39.3%	37.3%
Workforce Development	237	38.4%	27.0%
GitRedy (Gang Intervention)	86	45.5%	36.0%
Functional Family Therapy	87	42.1%	36.8%
Electronic Monitoring	75	39.0%	57.3%
REARREST FOR A VIOLENT MISDEMEANOR OR FELONY OFFENSE			
AOD Aftercare	399	6.1%	6.5%
TCOOMMI Services	161	7.5%	8.1%
Workforce Development	237	6.2%	5.9%
GitRedy (Gang Intervention)	86	11.0%	7.0%
Functional Family Therapy	87	9.3%	9.2%
Electronic Monitoring	75	7.6%	6.7%
REINCARCERATION			
AOD Aftercare	399	10.1%	8.5%
TCOOMMI Services	161	9.2%	12.4%
Workforce Development	237	9.3%	3.8%
GitRedy (Gang Intervention)	86	12.3%	9.3%
Functional Family Therapy	87	11.1%	9.2%
Electronic Monitoring	75	9.6%	16.0%

misdemeanor, but a slight increase in rearrest for a violent misdemeanor or felony offense. Alcohol and other drug aftercare had a slight reduction in reincarceration, while TCOOMMI services had a slight increase.

- Youth placed on electronic monitoring were significantly more likely to be rearrested and reincarcerated than predicted, though they were slightly less likely to be rearrested for a violent offense. The increase in rearrests and reincarceration is likely due to an increased rate of apprehension with the monitoring, rather than an increase in delinquent or criminal behavior.

For all of these measures, small differences in either direction could have been a result of chance rather than an actual effect due to receipt of the services.

Family Involvement

Family involvement and participation is encouraged and supported throughout TJJD. Each facility has unique strategies and events for increasing family involvement. These events include family days, family orientation sessions, open houses, graduations, multidisciplinary team meetings, family visitation, as well as other family-focused events. From the family's perspective, the ability to have a participatory role reduces anxiety and allows family members to retain influence over what happens to their youth. Involving families in treatment reinforces to them that they are partners with TJJD in rehabilitating their youth.

During FY 2012, TJJD began tracking involvement at family events to better understand its impact on recidivism and positive youth outcomes. Sample sizes are too small at this time to analyze and report outcomes. However, data on the frequency of visits to each

youth, which has been available for several years, was analyzed for its impact on recidivism and academic outcomes. Results of the analysis indicate that having six or more visits reduced all three recidivism measures, though none of the reductions were statistically significant. It should be noted that visitation data does not distinguish between different types of visitors, which means that the visitor may or may not be a parent or guardian.

Research suggests that family visitation positively impacts outcomes for incarcerated youth. A *Family Guide* by the National Technical Assistance Center for Neglected, Delinquent, At-Risk Children (NDTAC) states that there are many benefits when families are involved in their child's treatment and/or education:

- Youth feel better about themselves and get better grades, thus are more likely to graduate and continue their education.
- Youth are less likely to use drugs and alcohol.
- Youth have fewer instances of violent behavior and suspensions.

Some of TJJD's data support these findings. For example, when looking at youth who had visitation once or more every 40 days, 4% more than predicted had a significant gain in their Test of Adult Basic Education (TABE) math score. Of the youth who were visited one or more times every four months, 5.7% more than predicted had gains in their TABE reading scores.

Positive results were found using attainment of the General Equivalency Diploma (GED) or high school diploma as an outcome measure (Table 2.21). Youth who received visitors had an increased probability of graduating. Youth who were visited more than 16 times in six months were 4.9% more likely than predicted to attain a GED or high school diploma.

Table 2.21
Attainment of GED or HS Diploma

NUMBER OF VISITS	SAMPLE SIZE	PREDICTED IF NO VISIT	ACTUAL
No Visits	584	35.3%	35.3%
Some Visits	941	39.2%	41.6%
1 - 5 Visits	515	36.9%	39.0%
6 - 15 Visits	275	37.5%	38.9%
16 or More Visits	151	50.1%	55.0%
Total	1525	37.7%	39.1%

PROMISING INITIATIVES AND INTERVENTIONS

FAMILY REUNIFICATION SERVICES

In FY 2012, the agency began piloting community-based intervention strategies for families and their youth. Three contract providers were used to deliver the services. Five counties throughout the state were selected as sites for the Family Reunification Intervention strategies. One of the strategies involved using web cameras to provide communication between youth in TJJD facilities and their family members. Only a few youth receiving these services have completed their minimum length of stay, which means the sample is too small at this time to determine the impact of the program. However, TJJD is hopeful that these interventions will prove successful, and families already report benefits from their participation. Initial feedback from families who have participated in the family reunification services has been positive.

CONCLUSION

Rehabilitation outcomes are a reflection of the strength of the agency as a whole and its ability to give a child needed skills. Youth committed to TJJD participate in many services, including general rehabilitation and specialized treatment services, vocational services, life skills training, and transition planning. Ultimately, positive outcomes are determined by each youth's readiness, willingness, and ability to utilize the tools and skills offered.

The youth TJJD serves have become a higher-risk population in the last several years. Youth are committed to TJJD with greater risks for recidivism and increased needs for treatment services. Despite the growing challenges of this population, TJJD has demonstrated significant improvements in outcomes.

This report has focused on the strengths of TJJD's treatment programs and has highlighted, as required by statute, the effectiveness of programming for youth with sexual behavior treatment needs, youth with capital or serious violent offenses, youth who have alcohol or other drug treatment needs, youth with mental health treatment needs, and female youth. Below is a brief summary of the six-month recidivism results.

Mental Health Treatment Program (MHTP): Youth who completed either the high or moderate intensity MHTP were below the predicted rearrest and reincarceration rates in all three measures by 3%-5%. There is a statistically significant positive impact on youth completing the MHTP.

Sexual Behavior Treatment Program (SBTP): Youth who completed the high intensity SBTP had rates below the predicted rate for rearrest for a felony or misdemeanor. All youth completing the moderate intensity SBTP were either at or below the predicted rates

for rearrest for any offense and for reincarceration.

Capital and Serious Violent Offender Treatment Program (C&SVOTP): Youth enrolled in C&SVOTP showed a lower than predicted rate for rearrest and reincarceration.

Alcohol and Other Drug Treatment Program (AODTP): Only 20 out of 400 youth who completed the high intensity AODTP were rearrested for a violent offense. In addition, of the 427 who completed the moderate intensity AODTP, only 26 were rearrested for a violent offense. While many youth did well in AODTP, youth were rearrested for a felony/misdemeanor and were reincarcerated at a rate slightly higher than the predicted rate.

Female Offender Program: Female offenders recidivate at significantly lower levels than males in all three measures of recidivism. None of the female youth who participated in both the AODTP and MHTP were rearrested for a violent offense.

TJJD continues to solidify and enhance programming founded on national best practice approaches and evidenced-based principles. Below are some of the initiatives that TJJD has implemented or planned for FY 2013:

- **Ensure case managers are able to spend more time with youth and less time on paperwork.**

In September 2012, changes to the agency's approach to treatment and case management went into effect. The intent of these changes is to reprioritize case managers' time to focus more on direct face-to-face interactions with youth. To assist in continuity of care and more efficient delivery of case plan services, TJJD moved from using a 30-day case plan to a 90-day case plan. Goals and action steps are written to enable youth to work over an extended period with gradual steps towards progress.

- **Provide case managers with enhanced coaching, mentoring, and monitoring services.**

In October 2012, a new process was established for providing front-line treatment staff with coaching, mentoring, and monitoring. This new process focuses on four core disciplines: group services, individual counseling, multi-disciplinary team meetings, and case assessment. The process is designed to focus on quality in addition to quantity and allow staff to take a broader view of treatment that facilitates the “whole child” approach.

- **Increase fidelity of RPACT assessments to be sure the tool is being used as it was designed.**

The Residential Positive Achievement Change Tool (RPACT) is the foundation for treatment planning in TJJD. This project has been designed to allow TJJD to analyze in detail the strengths and weaknesses of current RPACT assessments, to set specific goals for improvement in the next year, and to develop sustainability teams at each facility that are accountable for meeting the improvement goals. As a result of these efforts, targeted training, staff development, coaching, and mentoring has been implemented to build competency and promote positive staff growth. This allows for staff to receive training specific to their needs and avoid a “shotgun” approach to training.

- **Continue to monitor the implementation of ART® to ensure services are delivered as designed.**

During FY 2012, TJJD provided booster trainings for certified ART® group leaders to enhance their fidelity to the model and improve the quality of service delivery. TJJD also trained additional staff on the model. Continuing in FY 2013, TJJD will develop “cluster leaders” who will act as agency experts and will work with staff to ensure fidelity in implementation of the model and maximize potential outcomes.

- **Evaluate the effectiveness of TF-CBT with TJJD’s population.**

TJJD has partnered with the University of Texas School of Social Work on a grant awarded by the National Institute of Mental Health. The grant provides funding to conduct research to evaluate the effectiveness of Trauma Focused Cognitive Behavioral Therapy (TF-CBT) with incarcerated youth who have experienced or witnessed traumatic events. Many TJJD youth present with symptoms of trauma and this individualized approach is known nationally as a best practices program. One of the developers of TF-CBT provides training and on-going coaching to TJJD staff as they deliver TF-CBT. TJJD expects that this treatment modality and research will greatly benefit not only youth in our care, but eventually youth across the nation in correctional settings. TF-CBT assists TJJD in addressing the root causes of aggressive behaviors resulting from trauma.

- **Enhance efforts to recruit and retain clinical staff.**

TJJD recognizes that recruitment, training, and retention of clinical staff are key elements to program success. To that end, in FY 2013 the agency will focus on using creative approaches to attract and retain qualified staff. Some of the initiatives include:

- TJJD participates in the Association of Psychology Postdoctoral and Internship Centers (APPIC) “matching” process, which allows TJJD to recruit and select the best pre-doctoral applicants nationally and internationally. The pre-doctoral interns bring with them expertise in the field of juvenile forensics and a wealth of knowledge and experience in providing assessment and clinical services to the youth which may not otherwise be found in local applicant pools.
- To further enhance TJJD’s ability to recruit and retain the best clinical staff, the agency has applied for a grant award

to assist in achieving accreditation from the American Psychological Association.

- TJJD is pursuing an opportunity through the National Health Service Corps (NHSC) to qualify for a program which would allow eligible TJJD clinicians to receive student loan reimbursement. A site visit from NHSC took place in early December 2012.

■ **Enhance delivery of services in the Redirect Program.**

In the summer of 2012, TJJD made several enhancements to its Redirect Program, which is a highly structured program designed to promote violence reduction and skill-building as a means of increasing campus safety. In FY 2013, TJJD will partner with a nationally recognized expert in the delivery of Aggression Replacement Training® (ART®) to provide technical assistance, training, and consultation to Redirect Program staff. Training all staff, including juvenile correctional officers, administrative staff, and treatment staff, allows everyone to “speak the same language” with youth and maximizes the opportunity for youth to practice and refine skills development.

■ **Continue to focus on educational initiatives.**

Educators attended training on building relational capacity with students. The new school year in FY 2013 began with a renewed emphasis on positive behavioral interventions and supports.

In summary, data presented in this report demonstrate the agency’s rehabilitation programs and services are effective in reducing recidivism and enhancing positive youth outcomes upon initial release to the community. The agency remains committed to improving the quality of services provided to youth. This report provides a solid foundation of research and a rich data set available to continue to assess youth outcomes, enhance services, evaluate program effectiveness, and drive decision-making in the upcoming year. Necessary adjustments and collaboration will continue in response to the changing needs of the youth committed to the agency. Ongoing evaluation of commitment trends, specialized treatment needs, and rehabilitative programs will ensure that the agency is prepared to anticipate and respond to the multiple, complex needs of the youth and families it serves.



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